

CITY OF NEWTON
REQUEST FOR LEAVE OF ABSENCE

Name: _____

Date: _____

Department: _____

Division: _____

I hereby make a request for a leave of absence starting on _____. I will return to work on _____. Please utilize my special leave during this leave of absence for a total of _____ days. If I am unable to return to work on _____, I will give the City of Newton as much notice as is practicable (within 2 business days of returning).

The purpose of this leave is:

_____ medical/personal illness* _____ family illness* _____ education

_____ other: (please specify)

During my leave of absence, I can be reached at:

Address: _____

City/Town: _____, State _____ Zip: _____

Telephone: (____) _____ - _____

I understand that in the event I do not report for work on the day stated above, _____, unless a properly authorized extension has been granted, that my employment with the City of Newton will be terminated.

Signature of Applicant/Designee

For Civil Service positions, "leaves of absence" for more than 14 days require a written request by the applicant, approval by the appointing authority, and submission of a copy of the approved leave to the Human Resources Department. No leave of absence for a period longer than three months, except in the case of illness can be granted without prior approval of the Director of Personnel Administration.

* Certification by a health care provider will be required prior to approving a leave of absence for medical illness.

Approved by: _____

Immediate Supervisor

Department Head